

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2002

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: Lyons Housing Authority
345 N. 3rd Street, Box 20A
Lyons NE 68038

PHANumber: NE088

PHA Fiscal Year Beginning: (mm /yyy) 07/2002

PHA Plan Contact Information:

Name: Dolores Johnson, Executive Director
Phone: (402) 687 -2633
TDD: (402) 687 -2633
Email (if available): lh10631@alltel.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations for PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered :

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

AnnualPHAPlan
FiscalYear20 02
[24CFRPart903.7]

i.TableofContents

ProvideatableofcontentsforthePlan ,includingattachments,andalistofsupportingdocumentsavailablefor publicinsp ection. ForAttachments,indicatewhichattachmentsareprovidedbyselectingallthatapply.Providethe attachment'sname(A,B,etc.)inthespacetotheleftofthenameoftheattachment.Iftheattachmentisprovidedasa **SEPARATE**filesubmissionfro mthePHAPlansfile,providethefilenameinparenthesesinthespacetothe right ofthetitle.

Contents	<u>Page#</u>
AnnualPlan	2
i. ExecutiveSummary(optional)	1
ii. AnnualPlanInformation	1
iii. TableofContents	1
1. DescriptionofPolicyandProgramChange sfortheUpcomingFiscalYear	2
2. CapitalImprovementNeeds	2
3. DemolitionandDisposition	2
4. Homeownership:VoucherHomeownershipProgram	3
5. CrimeandSafety:PHDEPPlan	4
6. OtherInformation:	4
A. ResidentAdvisoryBoardConsultationProcess	4
B. StatementofConsistencywithConsolidatedPlan	5
C. CriteriaforSubstantialDeviationsandSignificantAmendments	6
Attachments	
<input checked="" type="checkbox"/> AttachmentA:SupportingDocumentsAvailableforReview	
<input checked="" type="checkbox"/> AttachmentB:CapitalFundProgramAnnu alStatement	
<input checked="" type="checkbox"/> AttachmentC:CapitalFundProgram5YearActionPlan	
<input type="checkbox"/> Attachment__:CapitalFundProgramReplacementHousingFactor AnnualStatement	
<input type="checkbox"/> Attachment__:PublicHousingDrugEliminationProgra m(PHDEP)Plan	
<input checked="" type="checkbox"/> AttachmentD:ResidentMembershiponPHABoardorGoverningBody	
<input checked="" type="checkbox"/> AttachmentE:MembershipofResidentAdvisoryBoardorBoards	
<input type="checkbox"/> Attachment__:CommentsofResidentAdvisoryBoardorBoards & ExplanationofPHAResponse(mustbeattachedifnotincludedinPHA Plantext)	
<input checked="" type="checkbox"/> Other(Listbelow,providingeachattachmentname)	
AttachmentF –FY2000CapitalFundProgressReport	
AttachmentG –FY2001CapitalFundProgressRe port	
AttachmentH –VoluntaryConversionInitialAssessment	

ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHAoption,provideabriefoverviewoftheinformationintheAnnualPlan

ThisSectionisleftblanksinceitisoptional.

1.Summary of Policy or Program Changes for the Upcoming Year

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlanthatarenotcoveredinother sections of this Update.

- NONE

2.CapitalImprovementNeeds

[24CFRPart 903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredtocompletethiscomponent.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 26,081

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1)CapitalFundProgram5 -YearActionPlan

The Capital Fund Program 5 -Year Action Plan is provided as Attachment C

(2)CapitalFundProgramAnnualStatement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D emolition and Disposition

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredtocompletethis section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u> (DD/MM/YY) </u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached at Attachment (Filename) _____

3. In what manner did the PHA address those comments? (select all that apply)

- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included ☐ Yes ☐ No: below or ☐ Yes ☐ No: at the end of the RAB Comments in Attachment _____.
☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____.
☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1.ConsolidatedPlanjurisdiction:(providenamehere)StateofNebraska

2.ThePHAhastakenthefollowingstepstoensureconsistencyofthisPHAPlanwiththe ConsolidatedPlanforthejurisdiction:(selectallthatapply)

- ☒ ThePHAhasbaseditsstatementofneedsoffamiliesinthejurisdictiononthe needsexpressedintheConsolidatedPlan/s.
- ☐ ThePHAhasparticipatedinanyconsultationprocessorganizedandofferedby theConsolidatedPlanagencyint hedevelopmentoftheConsolidatedPlan.
- ☐ ThePHAhasconsultedwiththeConsolidatedPlanagencyduringthe developmentofthisPHAPlan.
- ☐ ActivitiestobeundertakenbythePHAinthecomingyearareconsistentwith specificinitiativescontainedintheConsolidatedPlan.(listsuchinitiativesbelow)
- ☐ Other:(listbelow)

3. PHARequestsforsupportfromtheConsolidatedPlanAgency

☐ Yes ☒ No:DoesthePHArequestfinancial orothersupportfromtheStateorlocal governmentagencyinordertomeettheneedsofitspublichousingresidentsor inventory?Ifyes,pleaselistthe5mostimportantrequestsbelow:

4. TheConsolidatedPlanofthejurisdictionsupportsthePHAPlan withthefollowingactions andcommitments:(describebelow)

TheLyonsHousingAuthority'sactionsandgoalswillcontinuetosupporttheconsolidatedplan oftheStateofNebraska.ThehousingpriorityinthestateofNebraskaisdefinedbythe consolidatedplanasfollows: **"Increasehousingproductiontoensureanadequate, appropriateandaffordablehousingsupplytomeetcommunityeconomicdevelopment needs."** TheLyonsHousingAuthoritywillassistthestateinthefollowingstrategies:

1. Increase cooperationamonggovernmentalentities,housingprovidersandthe lendingcommunity;promotetheparticipationofthesegroupsinpartnershipsto produceaffordablehousing.
2. Increaseeducationandtrainingforpublicawarenessofhousingissuesand responsibilities.
3. Addressspecialhousingneedsintwoways:increasepartnershipsbetween governmentagenciesprovidingservicestopersonswithspecialneeds;provide outreachtosimplifycommunicationsandbuildcapacityfororganizationsthatserve persons withspecialneeds.

Unfortunately,theStateofNebraskaConsolidatedPlanisnotspecificastoLyons.TheLyons HousingAuthorityanticipatesnoStateCDBGfunds.TheStatewillworkwithusonan"as needed"basis.

C.Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan :

A substantial deviation from the 5-year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.

B. Significant Amendment or Modification to the Annual Plan:

Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.

Additional Component Added After Template Development:

Component 3, (6) Deconcentration and Income Mixing

- a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☒ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name :	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

Required Attachment D: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

Catherine Anderson

B. How was the resident board member selected: (select one)?

- ☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires): 5 years, 5/2005

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member: 5/2002

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position) :

Duane Slaughter, Mayor of the City of Lyons.

AttachmentB

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary					
PHAName: LYONSHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgramGrantNo: NE26P08850102 ReplacementHousingFactorGrantNo:			FederalFYofGrant: <div style="text-align: center;">2002</div>
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	2,462			
3	1408ManagementImprovementsSoftCosts				
	ManagementImprovementsHardCosts				
4	1410Administration	4,000			
5	1411Audit				
6	1415LiquidatedDama ges				
7	1430FeesandCosts	4,619			
8	1440SiteAcquisition				
9	1450SiteImprovement	13,000			
10	1460DwellingStructures				
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1502Contingency	2,000			
20	AmountofAnnualGrant:(sumoflines.....)	26,081			
	Amountoffline20RelatedtoLBPAactivities				

AttachmentB

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary					
PHAName:LYONSHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgramGrantNo: NE26P08850102 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2002
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
	Amountoffline20RelatedtoSection504compliance				
	Amountoffline20RelatedtoSecurity --SoftCosts				
	AmountofLine20relatedtoSecurity --HardCosts				
	Amountoffline20RelatedtoEnergyConservation Measures				
	CollateralizationExpensesorDebtService				

AttachmentB

Annual Statement/Performance and Evaluation Report

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRH	F)

PartII:SupportingPages

[illegible]

AttachmentB

Annual Statement/Performance and Evaluation Report

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PartIII:ImplementationSchedule

[illegible]

AttachmentC

CapitalFundProgramFive -YearActionPlan

PartI:Summary

PHANameLYONSHOUSING AUTHORITY				<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:	
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2003 PHAFY:07/2003	WorkStatementforYear3 FFYGrant:2004 PHAFY:07/2004	WorkStatementforYear4 FFYGrant:2005 PHAFY:07/2005	WorkStatementforYear5 FFYGrant:2006 PHAFY:07/2006
HA-Wide	Annual Statement				
HAWide		27,462	27,462	27,462	27,462
TotalCFPFunds (Est.)		27,462	27,462	27,462	27,462
TotalReplacement HousingFactorFunds					

AttachmentC

CapitalFundProgramFive -YearActionPlan PartII:SupportingPages —WorkActivities

Activitiesfor YearI	ActivitiesforYear: __2__ FFYGrant:2003 PHAFY:2003			ActivitiesforYear: __3__ FFYGrant:2004 PHAFY:2004		
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
See						
Annual						
Statement	HAWide/NE088001	AdministrationCosts	4,000	HAWide/NE088001	AdministrationCosts	4,000
		Remodelapartments (floorcovering, kitchens,bathrooms, livingspaces,etc)	22,262		ReplaceWater Heaters	6,000
		Replace Washer/Dryer	1,200		ReplaceLawnmower &Snowblower	8,000
					ReplaceKitchen Cupboards	9,462
TotalCFPEstimatedCost			\$27,462			\$27,462

AttachmentC

CapitalFundProgramFive -YearActionPlan PartII:SupportingPages —WorkActivities

ActivitiesforYear:_4_ FFYGrant:2005 PHAFY:2005			ActivitiesforYear:_5_ FFYGrant:2006 PHAFY:2006		
Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
HAWide/NE088001	AdministrationCosts	4,000	HAWide/NE088001	AdministrationCosts	4,000
	ReplaceKitchen Cupboards	6,538		Operations	2,000
	Remodelapartments (floorcovering, kitchens,bathrooms, livingspaces,etc)	16,924		SitelImprovements ñ Garages	19,462
				Contingency	2,000
TotalCFPEstimatedCost		\$27,462			\$27,462

Attachment A:
Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officer _____ in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99-52(HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Home ownership
	Policies governing any Section 8 Home ownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Home ownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Catherine Anderson
Anita Beckner
Phoebe Dennis

AttachmentF

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary					
PHAName:LYONSHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgramGrantNo: NE26P08850100 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2000
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/2001 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovementsSoftCosts	1,000			
	ManagementImprovementsHardCosts				
4	1410Administration	3,000		2269.64	2269.64
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	5,000	6,450	6,450	5,850
8	1440SiteAcquisition				
9	1450SiteImprovement	13,000	10,361.55	10,361.55	10,361.55
10	1460DwellingStructures				
11	1465.1DwellingEquipment —Nonexpendable	3,000			
12	1470NondwellingStructures		3,111.45	3,111.45	3,111.45
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1502Contingency	1,923	-0-		
20	AmountofAnnualGrant:(sumoflines.....)	26,923		22,192.64	21,592.64
	Amountoffline20RelatedtoLBPActivities				

AttachmentF

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: LYONSHOUSINGAUTHORITY		Grant Type and Number Capital Fund Program Grant No: NE26P08850100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of line 20 Related to Section 504 compliance				
	Amount of line 20 Related to Security --Soft Costs				
	Amount of Line 20 related to Security --Hard Costs				
	Amount of line 20 Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

AttachmentF

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

AttachmentF

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

AttachmentG

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary					
PHAName:LYONSHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgramGrantNo: NE26P08850101 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2001
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/2001 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovementsSoftCosts				
	ManagementImprovementsHardCosts				
4	1410Administration	4,000		-0-	-0-
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	3,000		-0-	-0-
8	1440SiteAcquisition				
9	1450SiteImprovement	20,462		2,583.02	2,583.02
10	1460DwellingStructures				
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines.....)	27,462		2,583.02	2,583.02
	Amountoffline20RelatedtoLBPActivities				

AttachmentG

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary					
PHAName:LYONSHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgramGrantNo: NE26P08850101 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2001
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/2001 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
	Amountoffline20RelatedtoSection504compliance				
	Amountoffline20RelatedtoSecurity --SoftCosts				
	AmountofLine2 0relatedtoSecurity --HardCosts				
	Amountoffline20RelatedtoEnergyConservation Measures				
	CollateralizationExpensesorDebtService				

AttachmentG

Annual Statement/Performance and Evaluation Report

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PartII:SupportingPages

[illegible]

AttachmentG

Annual Statement/Performance and Evaluation Report

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PartIII:ImplementationSchedule

[illegible]

Required Attachment H: Component 10(B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments?

ONE

- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

NONE

- c. How many Assessments were conducted for the PHA's covered developments?

ONE

- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: